



FAX PURCHASE ORDERS

Date: _____

PERSON PLACING ORDER:

PHONE NUMBER:

FAX: _____

Email: _____

BILL TO: Company:

SHIP TO: Company:

ATTN: _____

ATTN: _____

Address: _____

Address: _____

City: _____

City: _____

State, Zip: _____

State, Zip: _____

Country: _____

Country: _____

Item	Qty	Unit Price	Total Price

Grand Total Price _____

PURCHASE ORDER # _____

TERMS: Our terms are FOB-Oak Ridge, TN and NET 30*

VISA ___ **OR MASTERCARD** ___ **OR DISCOVER** ___ **OR AMEX**___ – ONLY (check one)

CREDIT CARD # _____

EXACT NAME ON CARD _____

EXPIRATION DATE _____ **CVV #** _____

(Digits on back of card)

SHIP VIA UPS GROUND – UNLESS OTHERWISE SPECIFIED (Check other desired method, below)

UPS RED ___ **UPS BLUE** ___ **UPS ORANGE** ___ **OTHER** ___

*For USA Customers; for foreign orders see our Terms and Conditions page

ANY SPECIAL INSTRUCTIONS/COMMENTS _____

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